

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP OF _____,
AN ALLEGED INCAPACITATED INDIVIDUAL**

Case No. _____

LETTERS OF EMERGENCY GUARDIANSHIP PENDING HEARING

Name of alleged incapacitated individual:

Age:

Address:

I/We accept the duties of Emergency Guardian/Co-Guardians of the proposed ward and will perform, according to law, the duties of Emergency Guardian/Co-Guardian.

Dated this ___ day of _____, 20__.

TO:

**Name(s) of Guardian/
Co-Guardians:
Address:**

Date of Appointment:

In the District Court on the above date, this/these guardian/co-guardians was/were appointed to be the emergency guardian/co-guardians of the indicated alleged incapacitated individual pending a hearing on the appropriateness of the appointment.

The emergency guardian/co-guardians shall have the degree of authority indicated below to make decisions for the alleged incapacitated individual in the following areas:

Full	Limited	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment

If co-guardians, add this language:

The signature of one co-guardian [] is [] is not sufficient to authorize any matter.

This emergency guardianship shall terminate 10 days from the date of this Order, or upon further Order of the Court.

BY THE COURT:

Judge of the District Court